



## TOWN OF DARIEN

### Confirmation of Ownership for Emergency Service Workers Tax Credit

**Please complete this form and return to the Assessor's Office by April 30<sup>th</sup>**

Completed forms may be emailed to: [mmillan@darienct.gov](mailto:mmillan@darienct.gov)

Completed forms may also be mailed to: Assessor's Office  
Darien Town Hall, Room 102  
2 Renshaw Rd  
Darien, CT 06820

**Department:**

**Full Name:**

**Date of Birth:**

**Social Security Number** *(only required for first time receiving a credit):*

You may also provide your SSN by calling the Darien Finance Department at 203-656-7334

#### Real Estate Ownership Confirmation

I, hereby confirm that I own property located at the following address:

|  |
|--|
|  |
|--|

#### Motor Vehicle Ownership Confirmation

*(This section is not required if real estate ownership was confirmed above)*

I hereby confirm that I own the following motor vehicles:

| License Plate # | Registration Address | Car Leased? Yes/No |
|-----------------|----------------------|--------------------|
|                 |                      |                    |
|                 |                      |                    |
|                 |                      |                    |

Signed \_\_\_\_\_

Date: \_\_\_\_\_

**Contact information**  
(phone # & email address)

**Phone:**  
**E-mail:**

**Mailing address** *(if different than above):*

*The amount of your tax credit is considered taxable income and will be reported on a W2.*